

<b>CLAIMS ONLY</b>				Application Number <div style="font-size: 2em; font-family: cursive;">101630855</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3						
Total Depend	2						
Total Claims	5						

Application Number 101630855

Filing Date

Applicant(s)

* May be used for additional claims or amendments		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	21					
Total Claims	24					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						